PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

10173001

Effective October 1, 2003									106	<u> </u>	391	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALI TYPE	L EI	NTITY	OR	OTHER	
TOTAL CLAIMS			11				RAT	Ē	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			13 mir	nus 20=	* 🔾		X\$ 9)=		OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 = *			O	X43	=		OR	X86=	
M	JLTIPLE DEPEI	NDENT CLAIM P	RESENT				+145	_		OR	+290=	290
* 11	the difference	in column 1 is	less than zero, enter "0" in column 2				TOTA			OR	TOTAL	1060
CLAIMS AS AMENDED - PART II											OTHER	
	1	(Column 1)	(Column 2) (Column 3				SMAI	_L, E	NTITY	OR	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9:	=		OR	X\$18=	
	Independent	*	Minus	***	<u> </u>	=	X43=	=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145	_		OR	+290=	
								AL			TOTAL	
		(Column 1)		(Calum	O\	(Cal	ADDIT. F	EE		•	ADDIT. FEE	
		CLAIMS		(Colum		(Column 3)		_		- I 1	-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9:	=		OR	X\$18=	
	Independent	*	Minus	***	CL AINA	=	X43=			OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145:	=		OR	+290=	
								AL EE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=	=		OR	X\$18=	
AME	Independent	*	Minus	***	01.411.		X43=	1		OR	X86=	
	TINOT PRESE	NTATION OF MU	LIPLE DEP	ENUENT	CLAIM		+145=			OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 30, cates "20."										OR I	TOTAL	
***	f the "Highest Nur	mber Previously Pa ber Previously Paid	id For" IN THIS	S SPACE is	less tha	n 3. enter "3."	ADDIT. I		ropriate box	. ,	ADDIT. FEE I umn 1.	